



THIS LIVING WILL is made on the *[insert day]* day of *[insert month]* *[insert year]*.

I: *[Insert your name]*

Of: *[Insert your full address]*

Born on: *[Insert your date of birth]*

Being of sound mind make this Advance Directive now as to my medical care and treatment directed to my family, my doctors and any other medical personnel, institution or authority in the event that I shall be unable to make my views known at any time.

I DIRECT as follows:

My life shall not be artificially prolonged and no life sustaining treatment shall be administered, if at any time my attending doctor, consultant or surgeon and one independent medical practitioner certify in writing that in their opinion:

- a) I have a terminal, incurable or irreversible injury, disease or illness; or
- b) I am permanently unconscious, comatose, in a persistent vegetative state with no reasonable chance of recovery; and
- c) I am no longer able to make decisions regarding my medical treatment.

In the above circumstances I wish to be permitted to die naturally and to only receive such medical treatment as will alleviate any pain or distressing symptoms so as to make me more comfortable even if this has the effect of shortening my life.

EXCEPTING as follows:

[Please specify one of the following -

If I am suffering from one of the above conditions and I am pregnant I wish to receive such medical procedures as will prolong my life or keep me alive by artificial means until such time as my child has been born.

OR

No exceptions specified

APPOINTMENT OF PROXY

I appoint *[Insert proxy's name]* of *[Insert proxy's full address]* as my proxy to be involved in all decisions about my medical treatment if I am physically or mentally unable to make my views known. The wishes of *[Insert proxy's name]* should be respected at all times and I confirm that he/she is fully aware of my wishes.

IN WITNESS of which I have set my hand to this my living will on the day month and year first above written.

SIGNED by the above named in our presence and by us in his/her

Maker of Living Will

Signed: _____ *[Person making living will sign here]*

Proxy

Signed: _____ *[Proxy sign here]*

First Witness

Signed: _____ *[First Witness sign here]*

Name: *[Insert first witness name]*

Address: *[Insert address of first witness]*

Occupation: *[Insert occupation]*

Second Witness

Signed: _____ *[Second Witness sign here]*

Name: *[Insert second witness name]*

Address: *[Insert address of second witness]*

Occupation: *[Insert occupation]*